

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: MS Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Attorney Docket No.</td> <td>HO-P01715US2</td> </tr> <tr> <td>First Named Inventor</td> <td>Boyd B. Moore</td> </tr> <tr> <td>Original Patent Number</td> <td>6,148,925</td> </tr> <tr> <td>Original Patent Issue Date (Month/Day/Year)</td> <td>11-21-2000</td> </tr> <tr> <td>Express Mail Label No.</td> <td>ER147055336US</td> </tr> </table>	Attorney Docket No.	HO-P01715US2	First Named Inventor	Boyd B. Moore	Original Patent Number	6,148,925	Original Patent Issue Date (Month/Day/Year)	11-21-2000	Express Mail Label No.	ER147055336US
Attorney Docket No.	HO-P01715US2										
First Named Inventor	Boyd B. Moore										
Original Patent Number	6,148,925										
Original Patent Issue Date (Month/Day/Year)	11-21-2000										
Express Mail Label No.	ER147055336US										

APPLICATION FOR REISSUE OF: (check applicable box) ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
6. <input type="checkbox"/> Power of Attorney	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))	15. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)	17. Other: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Copy of Issued Patent Application Data Sheet</div>
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	ii. <input type="checkbox"/> paper
c. <input type="checkbox"/> Statements verifying identify of above copies	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	26271	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Edward D. Steakley	Registration No. (Attorney/Agent)	47,964
Signature	<i>Edward D. Steakley</i>	Date	September 30, 2003

Reissue Patent Application Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER147055336US, in an envelope addressed to: MS Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: September 30, 2003	Signature: <i>Elena Maglito</i> (Elena M. Maglito)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL
for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **375.00****Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Boyd B. Moore
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	HO-P01715US2

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:

Deposit Account Number

06-2375

Deposit Account Name

Fulbright & Jaworski L.L.P.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	375
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)					375.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -20** = x =

Independent Claims -3** = x =

Multiple Dependent =

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$)					0.00

SUBMITTED BY

Name (Print/Type) Edward D. Steakley

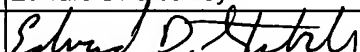
Registration No.
(Attorney/Agent)

47,964

(Complete (if applicable))

Telephone (713) 651-5423

Signature



Date

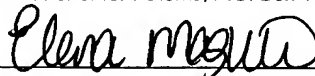
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(Elena M. Magliotto)

Application No. (if known):


Attorney Docket No.: HO-P01715US2

Certificate of Express Mailing Under 37 CFR 1.10

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Signature

Elena M. Maglitta

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Application Data Sheet